

Amended Michigan Income Tax Return

Issued under authority of P.A. 281 of 1967.

MI-1040X

(Rev. 9/02)

1. Enter calendar year or ending date of fiscal year (mo./day/yr.) of this return.....

IDENTIFICATION

▶ 2. Filer's First Name, Middle Initial and Last Name			▶ 3. Filer's Social Security Number		
If a Joint Return, Spouse's First Name, Middle Initial and Last Name			▶ 4. Spouse's Social Security Number		
Home Address (No., Street, P.O. Box or Rural Route)			Office Use		
City or Town	State	ZIP Code			

RESIDENCY STATUS	Resident	Nonresident	Part-year Resident	Enter Dates:
5. On Original Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM: TO:
6. On This Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM: TO:
FILING STATUS	Single	Married - filing jointly	Married - filing separately	Enter Spouse's Name:
7. On Original Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. On This Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXEMPTIONS	Federal exemptions	Michigan Special Exemptions	(Explain on lines 42-45)	
9. On Original Return				
10. On This Return				

INCOME, ADDITIONS and DEDUCTIONS	A. On Original Return	B. Net Change	C. Correct Amount
11. Adjusted gross income. Explain changes on line 46	11.		
12. Additions to adjusted gross income	12.		
13. Total income. Add lines 11 and 12	13.		
14. Subtractions from adjusted gross income	14.		
15. Balance. Subtract line 14 from line 13	15.		
16. Exemption allowance. Multiply number of exemptions by applicable amount (see instructions)	16.		
17. Taxable income. Subtract line 16 from line 15	17.		
18. Tax. Multiply line 17 by tax rate (see instructions)	18.		
19. Contributions to CTF/Nongame Wildlife 1999 and before	19.		
20. Use Tax Due (tax year 1999 and after)	20.		
21. Add lines 18, 19 and 20	21.		

NONREFUNDABLE CREDITS			
22. Income tax paid to Michigan cities credit	22.		
23. Public contributions credit	23.		
24. Community foundations credit	24.		
25. Homeless/food bank credit	25.		
26. Income tax paid to another state credit	26.		
27. Historic Preservation Tax Credit (tax year 1999 and after)	27.		
28. College tuition and fees credit	28.		
29. Total nonrefundable credits. Add lines 22 through 28	29.		
30. Balance. Subtract line 29 from line 21. (If line 29 is greater than line 21, enter "NONE.")	30.		

REFUNDABLE CREDITS and PAYMENTS			
31. Homestead Property Tax Credit (attach MI-1040CR or MI-1040CR-2)	31.	▶ 31.	
32. Farmland Preservation Tax Credit (attach MI-1040CR-5)	32.	▶ 32.	
33. Qualified Adoption Expense (tax year 2001 and after)	33.	33.	
34. Michigan income tax withheld (if amending, attach W-2 or Schedule W)	34.		34.
35. Michigan estimated tax, credit forward and extension payments	35.		35.
36. Amount paid with original return, plus additional tax paid after filing	36.		.00
37. Total credits and payments. Add lines 31 through 36 of column C	37.		.00

REFUND or BALANCE DUE			
38. Refund, if any, shown on original return	38.		.00
39. Enter the difference between lines 37 and 38. (If a negative amount, see instructions.)	39.		.00
40. If line 30, column C, is greater than line 39, enter BALANCE DUE Include interest and penalty (if applicable; see instructions)	▶ 40.		.00
41. If line 30, column C, is less than line 39, enter REFUND to be received	▶ 41.		.00

Continue and sign on page 2.

EXEMPTIONS. Check a box and/or enter a number for all that apply (see instructions).42. Exemptions claimed on your **original return**.

Number of Federal exemptions _____
 Age 65 or older _____
 Deaf _____
 Blind or disabled* _____
 Unemployment compensation ☐ (must be 50% of AGI.)

For tax years 1998 and 1999 number of children claimed as an exemption

Ages 6 and under \$600 _____
 Ages 7 - 12 \$300 _____

For tax years beginning with 2000

number of children 18 and under \$600 _____

43. Exemptions claimed on **this return**.

Number of Federal exemptions _____
 Age 65 or older _____
 Deaf _____
 Blind or disabled* _____
 Unemployment compensation ☐ (must be 50% of AGI.)

For tax years 1998 and 1999 number of children claimed as an exemption

Ages 6 and under \$600 _____
 Ages 7 - 12 \$300 _____

For tax years beginning with 2000

number of children 18 and under \$600 _____

*applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

44. List all your dependents and answer all questions for each dependent (E-H answer 'yes' or 'no'). Attach separate sheet if necessary.

A Name	B Social Security Number	C Relationship	D Age	E Did the dependent file a federal return and claim exemption for self?	F Did you provide more than half the dependent's support?	G Did the dependent live with you more than 6 months during the year?	H Was this dependent claimed on your original return?

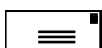
EXPLANATIONS of CHANGES

45. Explain change in number of dependents.

46. Explain changes to income, deductions and credits. Show computations in detail and attach applicable schedules.

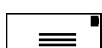
I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No		▶ Preparer's SSN, PTIN or FEIN	
Filer's Signature	Date	▶ Preparer's Name and Address	
Spouse's Signature	Date		

Refund or Credit returns. Mail your return to:



Michigan Department of Treasury
 Lansing, MI 48956

Pay amount on line 40. Mail your check and return to:



Michigan Department of Treasury
 Lansing, MI 48929

Make checks payable to "State of Michigan." Print your Social Security number and the words "amended income tax" on the front of your check. Do not staple your check to the return.